

OPERATOR'S DAILY REPORT☐ Engine-Powered Lift Trucks☐ Battery-Powered Lift Trucks

Truck No.: _____ Make: _____ Date: _____ Shift: _____

Hour Meter Reading Start: _____ End: _____ Hours for Shift: _____

CHECK EACH ITEM If "OK" write "OK"	SHIFT			Explain below if not "OK" or any other action taken
	Start	During	End	
1. Fuel level				
2. Oil level and pressure				
3. Water level and fan belt				
4. Brakes - service and parking				
5. Lights - head, tail and warning				
6. Horn				
7. Hour meter and gauges				
8. Steering				
9. Tires				
10. Hydraulic controls				
11. Other conditions				
12. Battery plug connection				
13. Battery charge				
14. Battery load test				
15. Brakes - service and seat brakes				
16.				
17.				
18.				

Remarks and additional explanation or suggestions:

Operator's Signature: _____

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